





Office of Planning and Zoning

Agent Authorization Form

I/we, (print property owner name(s)) Trilogy Inspirada LLC, and Legacy Inspirada LLC., as the property owner(s) of the real property described as follows, STATE ROAD 46 SORRENTO FL, 32776, do hereby authorize RVI PLANNING + LANDSCAPE ARCHITECTURE (print agent's name) to act as my/our agent, to execute any petitions or other documents necessary (excluding impact fee deferral agreements) to affect the application approval requested and more specifically described as follows, COMPREHENSIVE PLAN AMENDMENT / REZONING, and to appear on my/our behalf before any administrative or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the application. I/we hereby grant permission for staff to conduct a site visit in conjunction with this application.

By:  Trilogy Inspirada LLC, and Legacy Inspirada LLC., 9/19/2022
 Signature John C. Troutman Print Name of Property Owner Date
 Vice President

By:  Trilogy Inspirada LLC, and Legacy Inspirada LLC., 9/19/2022
 Signature John C. Troutman Print Name of Property Owner Date
 Vice President

State of Florida
 County of Lake

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____.

Personally Known OR Produced Identification

Type of Identification Produced _____

(SEAL)

Notary Signature

See attached.

Legal Description(s), Alternate Key Number(s), or Physical Address is required:
Alternate Key or Physical Address: <u>1446287, 1784239</u>
Legal Description:
Please see attached Legal Description

NOTE: All Applications shall be signed by the Owner(s) of the Property or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign must be attached.

OWNER'S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared John Troutman, VP of Trilogy Inspirada LLC, and who being by me first duly sworn on oath, deposes and says: Legacy Inspirada LLC.,

1. That he/she is the fee-simple owner of the property legally described and attached to this application.
2. That (he) (she) desires a Future Land Use Map Amendment from Regional Office to Planned Unit Development (PUD) for the property legally described in this application
3. That he/she has appointed RVI Planning and Landscape Architecture to act as Agent and/or Applicant in their behalf to accomplish the above.
4. Permission is granted for staff to conduct a site visit for purposes of review of this site plan or development plan.



(Owner's Signature)

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced _____ as identification and who did _____ or did not _____ take an oath.

(SEAL)

Notary Public (Signature)

My Commission Expires:

See attached.

NOTE: All Applications shall be signed by the Owner(s) of the Property, or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign MUST be attached.

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

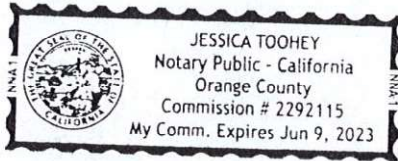
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of Orange }

On August 9, 2022 before me, Jessica Toohey, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared John C Troutman
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Jessica Toohey
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____